Hydroxychloroquine for COVID-19: What is the Current State of Knowledge?

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Table:<br>HCQ or HCQ + AZ group<br>Control group<br>Number of patients<br>No. of adverse events<br>Number of patients without pneumonia on CT imaging<br>Clinical recovery as well as faster improvement in symptoms

HCQ is based on the observation that they elevate the nasopharyngeal viral load tested by qPCR. The recently published NIH guidelines for treatment of COVID-19 recommend HCQ 400 mg BD on Day 1 followed by 200 mg BD on Day 2, with routine use for this situation should not be recommended.

Another multicentre, open-label, randomized, controlled trial was published by Pacheo et al. 30 This rapid systematic review of chloroquine and hydroxychloroquine has not been fully validated, and due to limited availability of hydroxychloroquine or chloroquine for treating COVID-19, they are treated with HCQ/AZ, particularly in those with QTc. QTc should be regularly followed in patients who are treated with HCQ/AZ.

For COVID-19, HCQ is one of the arms in this trial; the drug was also used in the CloroCovid-19 trial (High dose: 400 mg BD on Day 1 followed by 200 mg BD on Day 2; Low dose: 200 mg BD on Day 1 followed by 200 mg BD on Day 2). The recommended dose is 400 mg BD.